

## Somers, Elaine

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**From:** Snarski, Joanne (DOH) <Joanne.Snarski@DOH.WA.GOV>  
**Sent:** Friday, February 10, 2017 12:46 PM  
**To:** Somers, Elaine  
**Subject:** FW: Growler letter

I was spelling your last name differently, no wonder! Wishful thinking....!

Here you go!

*Joanne M. Snarski*

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**From:** Jenks, Lauren (DOH)  
**Sent:** Friday, February 10, 2017 9:34 AM  
**To:** Snarski, Joanne (DOH) <Joanne.Snarski@DOH.WA.GOV>  
**Subject:** RE: Growler letter

You can share this summary now. The rest of the comments are still under review.

1. **Assure NOISEMAP model estimates are applicable for use at NASW.** Estimates of exposure to noise from aircraft operations to the residents within the surrounding communities were derived from Department of Defense computer modeling software entitled NOISEMAP. Although the NOISEMAP model has been previously validated based on information obtained from other locations, evidence was not provided to indicate that the model accurately predicts actual exposure to noise under conditions at NASW. It is unclear why efforts were not made to compare multiple estimates provided for the various metrics with actual noise measurements.
  - a. **Validate NOISEMAP model using actual measurements.** Each metric for exposure used for an outcome should be measured under appropriate conditions (scenarios) and the model estimates need to be compared and evaluated against these actual values to identify the model's predictive nature.
  - b. **Describe how NOISEMAP has been updated to reflect recent research findings.** In 1980 it was determined that 87% of the population was not annoyed by sound pressure levels (A weighted) below 65dB. The EIS should indicate whether any information has been identified in the last 35 years to support or question the use of 65dB within the model as the lowest range when investigating impacts from noise. A discussion also needs to be included pertaining to the remaining (not insignificant) 13% of the population that do find these levels annoying and how this portion of the population was addressed within the model.
2. **Improve description of current state of science around noise and public health; specifically non-auditory health effects.**
  - a. **Describe and conduct a comprehensive review of the literature.** The document does not describe a systematic process for including articles in the literature review. We are aware of a significant number of directly relevant articles that were not included.
  - b. **Do not require a "definitive causal and significant relationship" between aircraft noise and health prior to including the health outcome in the model.** This standard is unreasonably high and resulted in non-auditory health effects being excluded from the model. Due to the increased observance in recent

years of findings associating noise exposure to hypertension and CHD the World Health Organization (2011) has already suggested a dose-response algorithm for cardiovascular risk (cardiovascular disease is a non-auditory effect). It is unclear whether the conclusions regarding non-auditory health effects are correct, but, regardless, they are not well justified either through the description provided or by failure to meet the criteria that a definitive causal and significant relationship be identified.

- c. **Expand review to include effects of noise from noise sources beyond aircraft.** It is unclear why literature from other noise sources which can result in similar effects were not considered. It would seem prudent to include the effects from other noise sources as there are limited data on effects from noise originating with commercial and/or non-commercial aircraft. Also, a broader literature search may be warranted as we were unable to find a discussion on the different noise environments that exist between commercial airports and military airfields or on how the modeling efforts accounted for study results from commercial airports when applying those results to the noise environment at military airfields.

- 3. **Conduct a Health Impact Assessment.** Health Impact Assessment is a rapidly emerging practice among local, state, and federal jurisdictions that helps assess how a proposed decision will affect the health of a population and whether vulnerable populations are more likely to be impacted. The goal of a Health Impact Assessment is to provide recommendations during the decision-making process that will protect health and reduce health inequities. A Health Impact Assessment brings potential positive and negative public health impacts and considerations to the decision-making process for plans, projects, and policies that fall outside traditional public health arenas, such as military aircraft use and associated noise. A Health Impact Assessment can engage community members and stakeholders to provide practical recommendations to increase positive health effects while minimizing negative ones.

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**From:** Snarski, Joanne (DOH)  
**Sent:** Friday, February 10, 2017 9:32 AM  
**To:** Jenks, Lauren (DOH) <[Lauren.Jenks@DOH.WA.GOV](mailto:Lauren.Jenks@DOH.WA.GOV)>  
**Subject:** Growler letter

EPA contacted me this morning and they are interested in seeing our comments for the DEIS. Have you identified a timeline for completing our comment letter and when can we share it with EPA?

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